The idea for the journal *Stroke* was conceived in a private conversation between Dr Irving S. Wright, first chairman of the Coordinating Committee for a Nationwide Stroke Program, and Dr Clark H. Millikan, second chairman of that committee, which took place during the Fifth Princeton Conference on Stroke, January 5–7, 1966. They enthusiastically agreed that there was a need for such a journal. It seemed likely that the Coordinating Committee for a Nationwide Stroke Program would become the Stroke Council of the American Heart Association (AHA). Such a council would provide a logical administrative structure on which to found the journal. In December 1966, the Central Committee of AHA approved the request for council status for *Stroke*, and the AHA Board of Directors took final official action on January 14, 1967, with Clark H. Millikan as chairman of the new Stroke Council.

The Stroke Council met in New York City on January 27, 1967. Among many items on the agenda, the council discussed the pros and cons of starting a professional journal: *Stroke*. Dr Millikan was empowered to appoint a committee to further study the need for such a journal. He appointed Drs A.B. Baker, Alfred P. Fishman, John W. Goldschmidt, John S. Meyer, and James L. O’Leary, with Irving S. Wright as chairman. Dr Millikan was a member ex officio. This committee met May 8, 1967 at the AHA office in New York City; staff present included Campbell Moses, MD (Executive chairman of the new Stroke Council).

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The initial editorial, entitled “A New Journal,” was by Dr Millikan, who dramatized the kaleidoscope of personnel who might enter the hospital room of a patient with cerebral infarction due to an acute occlusion of a cerebral artery. Twenty-eight categories were listed. It was noted that “the lack of a journal to place under one cover manuscripts dealing with all of the facets is a gap to be filled.” The responsibility for the journal was delegated from the Publications Committee of the AHA to the editorial staff of the new journal and the publication’s office staff of the AHA, with the guidance and assistance of personnel from the Council on Cerebrovascular Disease of the AHA. The objectives of the new journal were as follows: (1) to produce a journal with contents directed specifically to the varied components of stroke and the cerebral circulation; (2) to provide an outlet and knowledgeable reader population for investigators whose cerebrovascular research is related to physiology, epidemiology, pathology, anatomy, rheology, chemistry, genetics, and other disciplines; (3) to act as a bridging and communications mechanism between the many groups of health professionals with a major interest in stroke.

It had already been decided to publish “News From the AHA” in each issue of the new journal, a decision that time proved to be a good one. Looking back at volume 1, number 1, the material on the inside page of the cover is itself unique. Under the heading “A Dilemma of the Aged” is a picture of Sir Winston Churchill with text from an article by Walter Alvarez describing episodes that Dr Alvarez thought might

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From the Intermountain Stroke Research Foundation, Salt Lake City, Utah.

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*Stroke* is available at http://www.strokeaha.org

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Clark Harold Millikan, physician. Born Freeport, Ill, March 2, 1915; son of William Clarence and Louise (Chamberlain) Millikan. MD, University of Kansas, 1939. Diplomate, American Board of Psychiatry and Neurology, 1946; Intern, St Luke’s Hospital, Cleveland, Ohio, 1939–1940; Assistant Resident in Medicine, 1940–1941; from Resident in Neurology to Assistant Professor of Neurology, State University of Iowa, Iowa City, 1941–1949; on staff, Mayo Clinic, Rochester, Minn, 1949–1976; Director of Mayo Center for Clinical Research in Cerebrovascular Disease, 1965–1976; Professor of Neurology, Mayo School of Medicine; Professor of Neurology, University of Utah School of Medicine, Salt Lake City, 1976–1987; University of Miami (Fla) School of Medicine, 1987–1988; Scholar in Residence, Department of Neurology, Henry Ford Hospital, Detroit, Mich, 1988–1992; School of Medicine, Creighton University, Omaha, Neb, 1992–1994; Clinical Professor of Neurology, Medical College of Ohio, Toledo, 1994–1997; Director of Academic Affairs, Intermountain Stroke Research Foundation, Salt Lake City, Utah, 1997–present; Assistant Chairman, editor/translator, Second Princeton Conference on Cerebrovascular Disease, 1957; Chairman of conference, 1961, 1964; Chairman of Council on Classification and Nomenclature of Cerebrovascular Disease, US Public Health Service, 1966–1975; member of Council of National Institute of Neurologic Diseases and Blindness, National Institutes of Health, US Public Health Service, 1961–1965; Regional Medical Program, 1965–1972; FACP, American Academy of Neurology (Founding Chairman, Section on Stroke and Vascular Neurology, 1994); Association of Research on Nervous and Mental Disease (President, 1961); American Neurology Association (1st Vice President 1969–1970, President 1973–1974); AHA (Chairman, Council on Cerebrovascular Disease, 1967–1968; Gold Heart Award, 1976; Special Merit Award, 1981); National Stroke Association (President, 1986; Editor, Journal of Stroke and Cerebrovascular Diseases, 1990–present); Sigma Xi.

have been “transient cerebral ischemia.” Thus, the journal was started.

The first issue of volume 3 (1972) contained the announcement that the AHA’s newest award, the Irving S. Wright Award for Young Investigators in Stroke and Cerebral Vascular Disease, was won by Dr G.F. Molinari, Assistant Professor of Neurology at the University of Rochester. His article “Septic Cerebral Embolism” was published in the next issue of Stroke along with a special article summarizing the Eighth Princeton Conference on Neurovascular Disease, which was prepared by the editor. The May-June issue for that year included the initial manuscript produced by the Joint Committee for Stroke Facilities. This was an organization sponsored by the Regional Medical Program and included leaders of professional and government groups involved in stroke diagnosis, treatment, and research.

Representatives of 17 national professional and voluntary health associations and organizations met in July 1968 and agreed that the American Neurological Association was the most appropriate group to coordinate efforts of all interested organizations in the development of guidelines for the care of stroke patients. The ultimate product of the committee was massive and was initially divided into 10 sections for publication.

The first issue of the journal for 1973 contained the article “Sympathetic Cerebral Vessel Construction Blocked by Adrenergic Alpha Receptor Antagonists,” which won the second Irving S. Wright Award for Dr Louis G. D’Aley. The July-August issue had in it 2 often-referenced articles, which were (1) “Dexamethasone as Treatment in Cerebral Vascular Disease: A Controlled Study in Acute Cerebral Infarction” by Bauer and Tellez and (2) “Cerebral Apoplexy (Stroke) Treated With or Without Prolonged Artificial Hyperventilation” by Christensen, Paulson, Olesen, Alexander, Skinhoj, Dam, and Lassen. In the first of these, there was no significant difference between those patients receiving dexamethasone and those receiving placebo therapy, while in the second report, the clinical course and mortality rate showed no statistically significant difference between the groups. The ventilation treatment was followed by a high rate of pulmonary complications.

In the second issue of Stroke in 1974 was a report by a study group on transient ischemic attack (TIA) criteria and detection (one of the subdivisions of the Joint Committee for Stroke Facilities) chaired by Albert Heyman, MD. The authors documented the incidence and prevalence of the disorder, provided definitions and criteria for diagnosis, and approached the difficult problem of survey methods for the detection of TIA in the community. Included in this publication was a questionnaire for the detection of TIA, which has been widely used in part. That same issue included the symposium abstracts for a conference concerning “Platelets, Thrombosis, and Inhibitors” held in Honolulu, Hawaii, in December 1973. One of the abstracts contained the statement, “Drugs acting on platelets are attractive because of the simplicity of their administration, their freedom from laboratory control, and their reduced liability to bleeding compared with conventional anticoagulation. Their ultimate place in therapy will depend on further controlled trials in high-risk patients.”

The year 1975 opened with a report from the Joint Committee for Stroke Facilities XII: “Computed Tomography in the Management of Cerebral Vascular Disease.” The
article contained only 4 references: 2 from the British Journal of Radiology concerning the first CT scanner, 1 from the Mayo Clinic concerning the second scanner ever built, and the other from Massachusetts General Hospital about the use of the third scanner ever built. The conclusions in an article in Stroke included the notion that “computed tomography is being developed as a potentially valuable diagnostic tool for identification of cerebral vascular disease, particularly for differentiation from nonvascular mass lesions, and for distinguishing between an infarct and an intracerebral hematoma.” In the May-June issue, the Stroke Council of the AHA identified the offering of student clerkships in cerebral vascular disease to institutions in which clinical training in stroke under qualified supervision was available to medical students. The objective of this clerkship program was to stimulate interest, knowledge, and investigative work by medical students in cerebral vascular disease. The most important news was that the Stroke Council decided to separate its scientific sessions from the AHA annual meeting. The reasons given for this change were that the scientific sessions on cerebral vascular disease had been extremely poorly attended and there had been a major lack of visibility of the Stroke Council as a leader in the scientific field of cerebral vascular disease at the annual AHA meeting. A date was announced for the first Scientific Session of the Stroke Council for February 27 and 28, 1976, in Dallas, Tex. It was also stated that the abstracts for the papers to be presented at the meeting would be printed in Stroke. The registration fee for the meeting was to be $25. In September-October appeared “A Classification and Outline of Cerebral Vascular Disease II,” a 51-page report by an ad hoc committee established by the Advisory Council for the National Institute of Neurological and Communicative Disorders and Stroke, National Institutes of Health, chaired by Clark H. Millikan, MD. Among many other things, this classification contained the definitions and descriptions of clinical stages of stroke, which have been included in the World Health Organization classification of stroke. The final issue for 1975 contained an announcement that read, “The first Joint Meeting on Stroke and Cerebral Circulation is scheduled for February 27 and 28, 1976 at the AHA National Center in Dallas, Texas. The sessions are sponsored by the Stroke Council of the American Heart Association, the Cerebral Vascular Surgery Section of the American Association of Neurological Surgeons, the Canadian Stroke Society of the Canadian Heart Association and the Society for Vascular Surgery. The registration fee is $40, which includes lunch and dinner.” The first issue of Stroke in 1976 (which was to be Dr Millikan’s final year as editor) relayed the information that the domestic subscription rate for the journal was to continue at $25 per year. The March-April issue contained a remarkable report of the Joint Committee for Stroke Facilities (number 13) concerning cerebral circulation and metabolism in stroke. This tour de force contained 419 references and was authored by Scheinberg, Meyer, Reivich, Sundt, and Waltz.

The last issue of Stroke in 1976 saw the initial appearance of the name V.C. Hachinski as an author in this new journal. With John Norris, he wrote an article entitled “Intensive Care Management of Stroke Patients.” All persons interested in any form of cerebral vascular disease should read this article. It is a model of how much valuable information can be obtained by a pair of observers admitting patients to an intensive care stroke unit over a year’s time. Detailed analysis of 103 stroke patients revealed an overall frequency of hypertension of 59%, and 72% had hypertensive, ischemic, or valvular heart disease. Fifty percent of the patients had various cardiac arrhythmias, some of which were responsible for the acute cerebral vascular lesion. These numbers parallel almost exactly my personal experience with several thousand acute stroke patients over the last 50 years. That November-December issue of Stroke contained the news that Clark H. Millikan, retiring editor of Stroke: A Journal of Cerebral Circulation, was awarded the AHA’s Gold Heart Award. “The presentation at the annual scientific session cited Dr Millikan as a volunteer for more than 20 years, and also as the first Chairman of the Association’s Stroke Council.” As of January 1, 1977, Dr Fletcher McDowell became Editor in Chief of Stroke.

Key Words: editorial stroke